Adult Screening Questionnaire

This questionnaire is a combined screening tool designed to provide our team with insight into your needs and help us to advise your options for diagnostic assessment.

This questionnaire is aimed at identifying students who may have a neurodivergence (such as ADHD or Autism), Specific Learning Difficulty (SpLD) (such as dyslexia, dyspraxia, dyscalculia or dysgraphia) or other conditions (such as a mental health condition, Irlen Syndrome, visual stress).

This questionnaire is highly detailed and may take some time to complete. We suggest you complete it in Word, but if you would prefer to complete it by hand, you are very welcome to do so. Please use extra sheets of paper if you need to, making sure you indicate clearly which section you are completing.

If you need any help completing the form, or you have any questions about it, one of our team will be happy to assist you. Please contact us at HEDisability@writtle.ac.uk

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# Abbreviations

|  |  |
| --- | --- |
| ADHD | Attention Deficit Hyperactive Disorder |
| AFAB | Assigned Female At Birth |
| AMAB | Assigned Male At Birth |
| AS | Autism Spectrum |
| SpLD | Specific Learning Difficult |

# Definition of terms

|  |  |
| --- | --- |
| Autism Spectrum | This is a developmental difference which can affect executive functioning including social, communication and learning skills and processes |
| ADHD | An umbrella term used to describe a pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. |
| Cis | referring or relating to people whose sense of personal identity and gender corresponds with their birth sex |
| Dyscalculia | A specific learning difficulty with comprehending arithmetic, such as difficulty in understanding numbers, learning how to manipulate numbers, performing mathematical calculations and learning facts in mathematics. |
| Dysgraphia | A specific learning difficulty related to ability to write; characterised by illegible handwriting and trouble transcribing thoughts. |
| Dyspraxia | A specific learning difficulty related to fine and gross motor skills. Sometimes referred to as Developmental Co-Ordination Disorder (CDC)  |
| Dyslexia | A specific learning difficulty related to linguistic processing, including ability to map sounds to written text and use language to articulate thoughts. |
| Neurodiversity | An umbrella term for the range of differences in individual brain function and behavioural traits, and usually used in relation to ADHD or AS |
| Specific Learning difficulties | An umbrella term used to describe particular challenges which learning processing, which can include, dyscalculia or dysgraphia, dyspraxia, dyslexia, or ADHD |
| Visual Stress | An umbrella term used to describe visual discomfort and perceptual distortions in printed text, and can co-occur alongside SpLDs or Neurodiversity |

# Personal Information

* 1. Student Number
	2. Full Name
	3. Preferred name
	4. Preferred pronouns
	5. Date of Birth
	6. Current Age
	7. Sex/Gender

We ask this question so we can understand your personal identity and history. There may be a number of ways in which your sex and gender identity interact with your needs and possible diagnoses, and this may help us to more appropriately support you. If you do not wish to answer this question, please leave it blank, or if you wish to provide your own definition of your sex and gender identity in the space below the table.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cis Female | Cis Male | Non-binary AFAB | Non-binary AMAB | Male AFAB | Female AMAB |
|  |  |  |  |  |  |

* 1. Address

# Course Information

* 1. Course
	2. Year/Level of study
	3. Full or Part time
	4. Length of course

# Reason for referral

* 1. What has encouraged you to seek a referral to our team?
	2. Please provide a list of your current experiences, both what is working well and what you feel is a challenge.

# Personal developmental and medical history

Please read the statements below and tick the appropriate response. If you answer yes to any of the questions, there is a section later in which you can provide more details on this. You may need to ask a parent, family member or guardian to provide you with some of the information related to your early years. If it is not possible to obtain this information, please do not worry and select ‘**don’t know**’.

* 1. Personal developmental and medical history checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **Don’t know** |
| 4.1.1. Pre and post birth |  |  |  |
| Were there any complications in your birth mother’s pregnancy? |  |  |  |
| Were you born prematurely? |  |  |  |
| Were there any complications in your birth? |  |  |  |
| Were there any delays to your early milestones? Such as crawling, walking and talking |  |  |  |
| 4.1.2. Speech and hearing |  |  |  |
| Have there been any problems during your early years with your speech or language? |  |  |  |
| Have you ever received Speech and Language Therapy (SALT)? |  |  |  |
| Have there been any difficulties with your hearing? |  |  |  |
| Is English your first language? |  |  |  |
| 4.1.3. Eyesight and eye testing |  |  |  |
| Have you ever had your eyes tested? |  |  |  |
| Have you ever been prescribed glasses? |  |  |  |
| Do you currently wear prescribed glasses? |  |  |  |
| Have you ever experienced visual stress? |  |  |  |
| Do you currently use coloured lenses or overlays? |  |  |  |
| 4.1.4. Health, medical and disability |  |  |  |
| Have you ever had any serious illnesses, allergies or accidents? |  |  |  |
| Do you have any visual, hearing or mobility impairments? |  |  |  |
| Do you consider yourself to have a long term physical or mental health condition? |  |  |  |
| Do you have any diagnosed neurodivergent conditions or specific learning difficulties |  |  |  |
| Do you currently take any medications? |  |  |  |
| 4.1.5. Schooling |  |  |  |
| Did you ever had long periods of absence from school? |  |  |  |
| Do you feel you underachieved at school? |  |  |  |
| Did you find it hard to learn at school? |  |  |  |
| Did you have any difficulties with your behaviour at school? |  |  |  |
| Did you receive any schooling outside of the UK? |  |  |  |
| Did you have any learning support when you were at school/college?  |  |  |  |
| Did you have any adjustments or concessions for exams when you were at school/college? |  |  |  |
| Did you require tuition external to your school/college? |  |  |  |
| Did you have an EHCP/Statement of special needs/IEP at school or college? |  |  |  |
| Were you ever assessed by specialist teacher or educational psychologist at school? |  |  |  |
| 4.1.6. Family |  |  |  |
| Do any biological family members have any neurodivergent conditions, specific learning difficulties, learning disabilities or mental health conditions? |  |  |  |
| Were there other languages spoken at home during your early years? |  |  |  |
| Were there any traumas during your childhood? |  |  |  |

* 1. Personal developmental and medical history further information

If you have answered ‘yes’ to any of the above questions, please provide further details or explanation.

# Skills, attributes, strengths and abilities

* 1. What are your hobbies and interests?
	2. Which subjects did you enjoy the most at school and why?
	3. What aspects of your course do you enjoy the most and why?
	4. What personal attributes do you have that you feel most proud of?
	5. What are your greatest strengths and skills?

# Education

* 1. Please list all schools, colleges or universities that you have attended

|  |  |  |
| --- | --- | --- |
| **Name of School, College or University** | **Year of entry** | **Age at entry** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Please list all qualifications e.g. GCSE, BTEC, A Level, NVQ, degree

|  |  |  |
| --- | --- | --- |
| **Month / Year** | **Qualification** | **Grade** |
|  |  |  |
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# Screening questionnaires

Please complete all of the questionnaires, even if you don’t think some of them apply to you. Some questions may seem to be repeated but it is important you still answer these as in different contexts these can mean different things, and we are looking for trends as well as specific experiences.

## 9.1. SpLDs

9.1.1 Literacy and language processing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reading | Never | Sometimes | Often | Always |
| Do you lose your place or miss out lines when reading? |  |  |  |  |
| Do you have difficulties with reading comprehension/understanding what you have read? |  |  |  |  |
| Is reading aloud hard when in company? |  |  |  |  |
| Is it difficult to read longer words? |  |  |  |  |
| Do you read accurately? |  |  |  |  |
| Do you have difficulties remembering what you have read? Do you need to re-read? |  |  |  |  |
| Do you have difficulties identifying key points when faced with large quantities of information? |  |  |  |  |
| Are you able to scan for a text to find a fact? |  |  |  |  |
| Do you get eyestrain when looking at a board or when reading?  |  |  |  |  |
| Is reading black text on a white page difficult? |  |  |  |  |
| Writing and Spelling | Never | Sometimes | Often | Always |
| Are you able to proofread your own work? |  |  |  |  |
| Are you able to summarise information? |  |  |  |  |
| Do you have difficulties producing written reports, essays and other lengthy documents? |  |  |  |  |
| Are you able to answer the exact question? |  |  |  |  |
| Do you have difficulties taking notes?What is your current strategy for taking notes? |  |  |  |  |
| Is your handwriting speed slow? |  |  |  |  |
| Is your handwriting style difficult to read or inconsistent in style? |  |  |  |  |
| Do you have difficulties planning written work? |  |  |  |  |
| Are you able to write in enough detail? |  |  |  |  |
| Can you copy from books or the board accurately? |  |  |  |  |
| Is spelling technical words or academic vocabulary difficult? |  |  |  |  |
| Are you able to structure your writing in to a logical order? |  |  |  |  |
| Do you write letters in the wrong order when spelling i.e. scraf instead of scarf? |  |  |  |  |
| Are you able to use the correct punctuation? |  |  |  |  |
| Are you able to sound out a words such as e-le-phant |  |  |  |  |
| Are you able to organise your thoughts on paper? |  |  |  |  |
| Do you get a pain in your hand after writing for a prolonged period of time? |  |  |  |  |
| Orientation: | Never | Sometimes | Often | Always |
| Do you write letters the wrong way round (b/d)? |  |  |  |  |
| Are you able to tell left from right? |  |  |  |  |
| Are you able to remember directions? |  |  |  |  |
| Are you able to read a map? |  |  |  |  |
| Do you miss-sequencing numbers e.g., 58 / 85? |  |  |  |  |
| Communication: | Never | Sometimes | Often | Always |
| Do you have problems thinking of the words you want to use to express yourself? |  |  |  |  |
| Do you have difficulties pronouncing long words? |  |  |  |  |
| Do you lose track of what you are saying, or of what other people are saying? |  |  |  |  |
| Do you struggle to recall/remember several instructions given at once? |  |  |  |  |
| Do you have difficulty following conversations in group discussions? |  |  |  |  |
| Do you get confused or freeze up if you have to read aloud in public? |  |  |  |  |
| Do you find it difficult to take a telephone message and pass it on accurately? |  |  |  |  |
| Total count |  |  |  |  |
| Score |  |  |  |  |

9.1.2. Numbers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Arithmetic: | Never | Sometimes | Often | Always |
| Do you tend to forget mathematical operations that are not used frequently? |  |  |  |  |
| Do you find it hard to calculate sums in arithmetic without a calculator? |  |  |  |  |
| Do you find it difficult to do calculations in your head? |  |  |  |  |
| Do you have problems telling the time? |  |  |  |  |
| Total count |  |  |  |  |
| Score |  |  |  |  |

9.1.3 Organisation and Memory

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation: | Never | Sometimes | Often | Always |
| Do you have difficulties planning? |  |  |  |  |
| Do you find it difficult to organising yourself? |  |  |  |  |
| Can you prioritise your workload? |  |  |  |  |
| Are you able to meet deadlines? |  |  |  |  |
| Do you experience difficulties working under pressure of time (in examinations)? |  |  |  |  |
| Do you plan and start your work well in advance of a deadline? |  |  |  |  |
| Do you get confused over dates and times and miss appointments? |  |  |  |  |
| Memory and Concentration: | Never | Sometimes | Often | Always |
| Do you have difficulties remembering instructions/new information? |  |  |  |  |
| Would you find it difficult to say the months of the year forwards or backwards? |  |  |  |  |
| Do you lose concentration/focus easily? |  |  |  |  |
| Do you have difficulties settling into work? |  |  |  |  |
| Did you find it difficult to learn and remember the times tables? |  |  |  |  |
| Do you lose track of where you are in a task and have to start again? |  |  |  |  |
| Do you regularly lose things you need on a daily basis (e.g., wallet, phone etc.)? |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## 9.2 Neurodiversity

9.2.1. Adult ADHD Self-Report Scale (ASRS-v1.1)

As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part A | Never | Rarely | Sometimes | Often | Always |
| How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done |  |  |  |  |  |
| How often do you have difficulty getting things in order when you have to do a task that requires organization? |  |  |  |  |  |
| How often do you have problems remembering appointments or obligations? |  |  |  |  |  |
| When you have a task that requires a lot of thought, how often do you avoid or delay getting started? |  |  |  |  |  |
| How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? |  |  |  |  |  |
| How often do you feel overly active and compelled to do things, like you were driven by a motor? |  |  |  |  |  |
| Total |  |  |  |  |  |
| Part B | Never | Rarely |  | Often | Always |
| How often do you make careless mistakes when you have to work on a boring or difficult project? |  |  |  |  |  |
| How often do you have difficulty keeping your attention when you are doing boring or repetitive work? |  |  |  |  |  |
| How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? |  |  |  |  |  |
| How often do you misplace or have difficulty finding things at home or at work? 11. How often are you distracted by activity or noise around you? |  |  |  |  |  |
| How often do you leave your seat in meetings or other situations in which you are expected to remain seated? |  |  |  |  |  |
| How often do you feel restless or fidgety? |  |  |  |  |  |
| How often do you have difficulty unwinding and relaxing when you have time to yourself? |  |  |  |  |  |
| How often do you find yourself talking too much when you are in social situations? |  |  |  |  |  |
| When you’re in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves? |  |  |  |  |  |
| How often do you have difficulty waiting your turn in situations when turn taking is required? |  |  |  |  |  |
| How often do you interrupt others when they are busy? Part B How old were you when these problems first began to occur? |  |  |  |  |  |
|  |  |  |  |  |  |

9.2.2. AQ-10 Autism Spectrum Quotient (AQ)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Definitely agree | Slightly agree | Slightly disagree | Definitely disagree |
| I often notice small sounds when others do not  |  | x |  |  |
| I usually concentrate more on the whole picture, rather than the small details |  |  |  |  |
| I find it easy to do more than one thing at once |  |  |  |  |
| If there is an interruption, I can switch back to what I was doing very quickly |  |  |  |  |
| I find it easy to ‘read between the lines’ when someone is talking to me |  |  |  |  |
| I know how to tell if someone listening to me is getting bored |  |  |  |  |
| When I’m reading a story I find it difficult to work out the characters’ intentions |  |  |  |  |
| I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc) |  |  |  |  |
| I find it easy to work out what someone is thinking or feeling just by looking at their face  |  |  |  |  |
| I find it difficult to work out people’s intentions |  |  |  |  |
| Total |  |  |  |  |

## Visual Stress

Some of these questions may feel repetitive, but they will indicate different aspects of visual stress or other diagnoses. Please answer all questions.

* + 1. Visual Stress contextual screening

|  |  |
| --- | --- |
|  | Comments |
| Have you any history of visual difficulties/ problems with sight/ visual impairment? |  |
| When did you last have a sjght-test by an optometrist ("optician")? |  |
| Was any prescription made? **YES /NO*** If **YES,** were you advised to wear the prescription glasses/contact lenses for **distance** (e.g. for watching television or for driving) or **near** (e;g. for reading) or **both?**
* If **YES,** do you wear the prescribed glasses/ contact lenses? **YES/ NO**
* If **NO,** why not?
 |  |
| Have you ever used coloured overlays/ colour-tinted glasses? **YES/ NO*** If **YES who advised you to use them and which colours work for you?**
* Did they help? If **YES,** in what way?
* Do you still use them? If not, why not?
 |  |
| Do you frequently wear sunglasses? |  |
| Approximately how many hours per **working/study** day do you spend at a screen (phone, tablet, computer) etc? |  |
| Approximately **how many additional hours per working /study** day do you spend reading books, newspapers, comics or other paper-based texts? |  |
| Has your screen /reading /near work time increased recently? If so, by how much? |  |

9.3.2 Visual Stress questionnaire

|  |  |  |
| --- | --- | --- |
| Do any of the following bother your eyes, head, and stomach; make you dizzy, tired, nervous, anxious or irritable? | Yes | No |
| Reading textbooks for extended periods |  |  |
| Reading on a computer for extended periods |  |  |
| Working or reading under fluorescent lights |  |  |
| Reading black print on high gloss white paper |  |  |
| Doing visually-intensive activities like needlepoint, cross stitching, woodworking, crossword puzzles |  |  |
| Are you bothered by: |  |  |
| Sunlight |  |  |
| Glare outside; glare off chrome on cars |  |  |
| Glare off high gloss white paper |  |  |
| Glare on hazy days |  |  |
| Bright lights |  |  |
| Headlights from oncoming traffic |  |  |
| Fluorescent lights |  |  |
| Certain patterns or stripes |  |  |
| Bright or neon colours |  |  |
| glare outside e.g. off of cars |  |  |
| Fluorescent lighting |  |  |
| Are you bothered by fluorescent lights |  |  |
| Do you become tired or drowsy under bright or fluorescent lighting |  |  |
| Do you get a headache from fluorescent lighting |  |  |
| Do you feel antsy or fidgety when under fluorescent lighting |  |  |
| Does your performance deteriorate under bright or fluorescent lighting |  |  |
| Do you experience strain or fatigue working or reading under fluorescent lights |  |  |
|  |  |  |
| Reading |  |  |
| Do you feel like there is too much light when reading |  |  |
| Do you feel like there is not enough light when reading |  |  |
| Do you read in dim lighting |  |  |
| Do you feel like you need less light to read |  |  |
| Do you get headaches when you read? |  |  |
| Does reading make you feel tired or sleepy? |  |  |
| Does reading make your eyes feel sore, gritty or watery? |  |  |
| Do you become restless or fidgety or distracted when reading? |  |  |
| Do you become less comfortable the longer you read? |  |  |
| Does reading from white paper seem too bright or glaring? |  |  |
| Do parts of the white page between the words form patterns when you read? |  |  |
| Does the print or background shimmer or appear coloured as youread? |  |  |
| Does print appear to jitter or move on the page as you read? |  |  |
| Do you screw your eyes up when reading? |  |  |
| Do you rub your eyes to relieve the strain when you are reading? |  |  |
| Do you use a marker or your finger to stop you losing the place whenyou read? |  |  |
| Do you cover or close one eye when reading? |  |  |
| Do you move your eyes around or blink to keep text clear when you are reading |  |  |
| Do you re-read or skip words or lines when reading? |  |  |
| Do you lose your place when reading? |  |  |
| Does text appear blurred, or go in and out of focus, when you read? |  |  |
| Do objects in the distance appear more blurred after you have been reading? |  |  |
| Do the words, page or book appear double when you are reading? |  |  |
| Do you lose your place when reading? |  |  |
| Do you frequently wear sunglasses |  |  |
|  |  |  |

For Staff use only

# Screening Tool outcomes and interpretations

**Summary and recommendations**

|  |  |  |
| --- | --- | --- |
|  | Score | Interpretation |
| 9.1.1. Literacy and language processing |  |  |
| 9.1.2. Numbers |  |  |
| 9.1.3. Organisation and Memory |  |  |
| 9.2.1. Adult ADHD Self-Report Scale (ASRS-v1.1)  |  |  |
| 9.2.2. AQ-10 Autism Spectrum Quotient (AQ) |  |  |
| 9.3. Visual Stress |  |  |

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